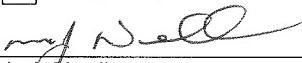


<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. 0756-0124P																																										
Application No. 10/790,746-Conf. #2900	Filing Date March 3, 2004	Examiner S. Haq	Art Unit 1641																																											
Applicant(s): Franz ARMBRUSTER et al.																																														
<p>Invention: FUNCTIONAL VITAMIN D DERIVATIVES AND METHOD OF DETERMINING 25-HYDROXY- AND 1ALPHA,25-DIHYDROXY-VITAMIN D</p> <p><b>MS Amendment</b>  <b>Commissioner for Patents</b>  <b>P.O. Box 1450</b>  <b>Alexandria, VA 22313-1450</b></p> <p>Transmitted herewith is an amendment in the above-identified application.</p> <p>The fee has been calculated and is transmitted as shown below.</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="6">CLAIMS AS AMENDED</th> </tr> <tr> <th></th> <th>Claims Remaining After Amendment</th> <th>Highest Number Previously Paid</th> <th>Number Extra Claims Present</th> <th>Rate</th> <th></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>12</td> <td>- 20 =</td> <td>0</td> <td>x 26.00</td> <td>0.00</td> </tr> <tr> <td>Independent Claims</td> <td>1</td> <td>- 3 =</td> <td>0</td> <td>x 110.00</td> <td>0.00</td> </tr> <tr> <td colspan="6">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> </tr> <tr> <td colspan="6">Other fee (please specify): Extension for response within third month 555.00</td> </tr> <tr> <td colspan="6"><b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b> 555.00</td> </tr> </tbody> </table> <p style="margin-top: 10px;"> <input type="checkbox"/> Large Entity      <input checked="" type="checkbox"/> Small Entity     </p> <p> <input type="checkbox"/> No additional fee is required for this amendment.     </p> <p> <input checked="" type="checkbox"/> Please charge Deposit Account No. 02-2448 in the amount of \$ 555.00 .        A duplicate copy of this sheet is enclosed.     </p> <p> <input type="checkbox"/> A check in the amount of \$ _____ is enclosed.     </p> <p> <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.     </p> <p> <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 02-2448 as described below. A duplicate copy of this sheet is enclosed.       <p style="margin-left: 20px;"> <input checked="" type="checkbox"/> Credit any overpayment.  <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.       </p> </p> <p style="margin-top: 10px;">         Mark J. Nuell        Attorney Reg. No.: 36,623     </p> <p style="margin-top: 10px;">       BIRCH, STEWART, KOLASCH &amp; BIRCH, LLP        12770 High Bluff Drive        Suite 260        San Diego, California 92130        (858) 356-5959     </p>					CLAIMS AS AMENDED							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		Total Claims	12	- 20 =	0	x 26.00	0.00	Independent Claims	1	- 3 =	0	x 110.00	0.00	Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						Other fee (please specify): Extension for response within third month 555.00						<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b> 555.00					
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